

# Many Lives Chinese Medicine

## Informed Consent to Treatment

I, \_\_\_\_\_ consent to acupuncture treatment(s) and other procedures associated with Traditional Chinese Medicine by Beth Schiffman, L.Ac. I have discussed the nature and purpose of my treatment, and understand that methods of treatment may include, but are not limited to acupuncture, herbal medicine, nutritional counseling, moxibustion, cupping and electrical stimulation.

I have been informed that acupuncture utilizes sterile needles and is done in a clean, safe environment; but that it may have side effects, including: bruising, numbness or tingling near acupuncture, dizziness and fainting. Some unusual risks of acupuncture include lung puncture (pneumothorax) and infection. Burns and/or scarring are a potential risk of indirect moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I will notify Beth Schiffman if I am or become pregnant.

Herbs and nutritional supplements (from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs are inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I will immediately notify Beth Schiffman of any unanticipated or unpleasant effects associated with the consumption of herbal teas, or patent (pill form) medicines.

By signing below I show that I have read this consent to treatment, and understand the risks and benefits of acupuncture and other procedures. I intend this consent form to cover the entire course of treatment for my present and any future conditions for which I seek treatment.

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Client	Date	Practitioner	Date
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